

Substitute for form 1449A/PTO

### INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

**Complete if Known**

Application Number	10/540,888
Filing Date	June 27, 2005
First Named Inventor	IDDAN, Gavriel J.
Art Unit	3739
Examiner Name	LEUBECKER, John P.
Attorney Docket Number	P-5595-US

Sheet	1	of	2
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## U.S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite, No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code <sup>a</sup> Number <sup>b</sup> Kind Code <sup>c</sup> (if known)				
	B	JP 2001104241	04-17-2001	Asahi Optical Co. Ltd.		<input checked="" type="checkbox"/>
	C	WO 02/100256	12-19-2002	Mullick et al.		<input type="checkbox"/>
	D	WO 02/102224	12-27-2002	Given Imaging Ltd.		<input type="checkbox"/>
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Examiner Signature	Date Considered
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Substitute for form 1449B/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	10/540,888
				Filing Date	June 27, 2005
				First Named Inventor	IDDAN, Gavriel J.
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(use as many sheets as necessary)				Attorney Docket Number	P-5595-US
Sheet	2	of	2		

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (where appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	E	Supplementary European Search Report for European Application No. EP 03780592, mailed on February 25, 2009.	<input type="checkbox"/>
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Examiner Signature	Date Considered
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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